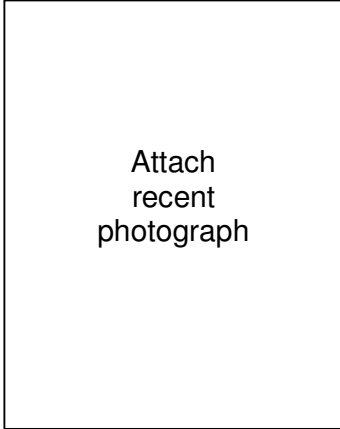


DECLARATION BY APPLICANTS FOR MEMBERSHIP



NOTE: This declaration is to be completed by applicants for Full Membership.

Last or Family Name: _____

Preferred Given Name: _____

Practice Address: _____

Practice Telephone No: _____

Practice Fax No: _____

Mobile Telephone No: _____

Private Address: _____

Private Telephone No: _____

E-mail Address: _____

Date of Birth: _____

Current NZDA Membership Status:

Current NZAO Membership Status:

1. Date of Registration in New Zealand: _____

2. Degree on which Registration in New Zealand was granted: _____

3. a) Additional degrees or qualifications recognised by the Dental Council of New Zealand:

- b) Additional degrees or qualifications not recognised by the Dental Council of New Zealand:

- c) Honours or awards (specify year conferred): _____

4. Experience in general practice with specific dates and locations. Substantiation by signed documentary proof must be included with this application. Attachment A:

5. The higher qualification on which you base your application. Give full details of qualifications gained, teaching institution, duration in months and content of course. This may require support by appropriate testamurs, letters, statements or any other documents. Attachment B:

6. For full member applicants, clinical experience in exclusive practice of orthodontics other than during formal training. Documentary proof in the form of written signed statements by the applicant and at least one full member of the NZAO are required. Attachment C:

- 7 Membership in dental associations and professional groups:

- 8 Publications:

9 Names and Addresses of two referees from whom an opinion of personality and character may be obtained:

10 Supplementary Information. If after answering the questions on this application form you feel that some of the facts about yourself, your education or your work have not been fully represented, please attach an additional biographical or other statement. Attachment D:

11 I understand that it is the prerogative of the Association, if it so elects, to use the services of advisory consultants to assist in evaluating clinical experience and training programs. I further understand that the final decision on the acceptability of any program is the responsibility of the Association.

12 You may be required to make a statutory declaration as to the accuracy of the details contained in this application.

Signature of Applicant: _____ Date: _____

13 I agree to practise orthodontics exclusively. If I cannot comply with this condition I will notify the Association immediately.

Signature of Applicant: _____ Date: _____

Nominators

I, _____ (Name)

_____ (Address)

_____ (Signature and date)

am a full member of the NZAO and nominate

_____ (Applicants name)

for full membership.



NEW ZEALAND ASSOCIATION OF ORTHODONTISTS (Inc.)

www.orthodontists.org.nz

I, _____ (Name)

_____ (Address)

_____ (Signature and date)

am a full member of the NZAO and nominate

_____ (Applicants name)

for full membership.